

**State of Washington  
Department of Retirement Systems**

**PLAN 3 PAYMENT ADVICE**

**Employer Name:**

**Reporting Group:**

**Plan 3 Defined Benefit Contributions (Employer)**

Payment Number	Reporting Period or Invoice Number	Amount

**Defined Benefit Total for this page   \$**

**Plan 3 Defined Contributions (Member)**

Payment Number	Reporting Period or Invoice Number	Amount	Investment Program
			<b>W</b>
			<b>S</b>

**Defined Contribution Total for this page   \$**

**Plan 3 Total for this page   \$**

**Mail this form *with the payment to:***

**Department of Retirement Systems  
P.O. Box 9018  
Olympia, WA 98507-9018**

**For DRS use only**

**DRS Receipt Number:**

## Using the Plan 3 Payment Advice Form

### General Information

Use this form to report payments **for Plan 3 only**. Use a separate form for each reporting group number. (Use DRS MS 136, revised 10/01, for Plan 1 and Plan 2.)

To redistribute a previous payment, use the Credit Redistribution Form. (DRS MS 139, revised 10/01.)

Electronic fund transfers transmitted through the Washington State Department of Personnel's Human Resource Information Systems Division (HRISD) and the Center for Information Services (CIS) are not reported on this form.

If you have any questions about completing this form, please call your account manager listed on your statement, or contact Employer Support Services at (360) 664-7200, or toll-free at 1-800-547-6657, ext. 47200.

### Completing the Form

<b>Employer Name</b>	Enter your organization's name as shown on your Statement of Account Activity.
<b>Reporting Group</b>	Enter your DRS Reporting Group as show on your Statement of Account Activity e.g., 311003. If you have payments for more than one Reporting Group, use a separate form for each.
<b>Payment Number</b>	Enter the number of the check, warrant, journal voucher (JV) or other payment document. A single payment document may be used for more than one invoice number. The payment document number must be listed for each applicable invoice number.
<b>Reporting Period or Invoice Number</b>	Enter the invoice number to which you wish to apply payment. For transmittals, the invoice number is the transmittal reporting period month and Year (052000 for May 2000). For invoices, use the unique 8-digit invoice number that appears on the invoice.
<b>Amount and Investment Program</b>	Enter the amount you want applied to the invoice. For Defined Contribution payments, enter the amounts beside the abbreviation for the appropriate investment program. "W" indicates the Washington State Investment Board and "S" indicates the funds are for the Self-Directed Investment Program.
<b>Defined Benefit Total</b>	Enter the total paid for the Defined Benefit portion of your payment reported on this page. These are the employer contributions.
<b>Defined Contribution Total</b>	Enter the total paid for the Defined Contribution portion of your payment reported on this page. These are the member contributions.
<b>Plan 3 Total</b>	Enter the grand total for the Defined Benefit and the Defined Contribution payments. If you use more than one page for a single invoice or payment number, please total each page separately.

### Mailing the Form

Mail this form with your payment to: <b>P.O. Box 9018, Olympia, WA 98507-9018</b>	Where do other forms go? P.O. Box 48380, Olympia, WA 98504-8380
Other items that should be mailed to this address: Credit Redistributions DCP Transmittals (not retirement) DCP Payments	This address should receive: Retirement transmittal information, forms and other correspondence